

SLO Nutrition Policies

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[805.316.5133](tel:805.316.5133)

Consent for Care

I give Lisa Dawes of SLO Nutrition to design a nutrition/lifestyle plan for me. I understand that results are not guaranteed and that the information that I receive from Lisa Dawes is not a substitute for a consultation with my personal physician. I understand that the information discussed with Lisa Dawes will be kept confidential and will not be released to others without my permission.

Email Communication

Email communication between scheduled appointments is included in your consultation fee with SLO Nutrition. This service is to be used for clarification on topics discussed during your appointments with Lisa Dawes.

Medical Insurance

SLO Nutrition does not accept or bill medical insurance companies for nutrition services. You may request a super bill from SLO Nutrition and submit the document to your insurance company and they may reimburse you for nutrition services rendered.

Cancellation Policy

All appointments are scheduled for a specific date and time. You will be charged for missed appointments unless SLO Nutrition is notified of cancellation at least 24 hours in advance or in case of an emergency.

Payment Information

Payment is due at the time of service. SLO Nutrition accepts Visa, Master Card, Discover, cash and checks. Checks are to be made out to Lisa Dawes.

I request and agree to allow Lisa Dawes, MS, RDN, CDE of SLO Nutrition to assess, make recommendations and design a nutrition/lifestyle program for my nutrition optimization. I will not hold Lisa Dawes, or any related persons or parties personally liable for any illnesses or injuries that might occur due to a sudden change in eating and/or exercise practice. I understand that Lisa Dawes is not a physician and this program does not replace the expert advice or medical treatment of my own private doctor. I have read and understand the above information and have had the opportunity to discuss the content. By signing below, I agree to these conditions.

Signature of Client: _____ Date: _____

Printed Name of Client: _____